MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-043832 STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6070

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

FILED DEC - 2 1963

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: KANSAS CITY
Length of stay in 1b: 59 YEARS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: TRINITY LUTHERAN HOSPITAL — Inside Limits: Yes X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: JACKSON
c. CITY OR TOWN: KANSAS CITY — Inside Limits: Yes X No ☐
d. STREET ADDRESS (If outside, give location): 11332 ORCHARD ROAD — Reside on Farm: Yes ☐ No X

1	
2	3 X 58
3	
4	0
5	1
6	
7	1
8	1
9	792X
10	
11	
12	68-0
13	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | INSTEAD OF | SHOULD READ | DATE AMENDED

BY AFFIDAVIT OF | DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

3. NAME OF DECEASED (Type or print): First FERD Middle LESLEY Last CHITWOOD

4. DATE OF DEATH: Month NOVEMBER Day 7 Year 1963

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. Married X Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 8-8-1882

9. AGE (last birthday): 81
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): OWNER-OPERATOR

10b. KIND OF BUSINESS OR INDUSTRY: HARDWARE STORE CHITWOOD'S

11. BIRTHPLACE (City and state or country): ODIN, ILLINOIS

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: THOMAS SHELBY CHITWOOD

13b. MOTHER'S MAIDEN NAME: HANNAH ADA LOY

14. NAME OF ~~HUSBAND~~ OR WIFE: MAYME A. CHITWOOD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: MRS. MAYME A. CHITWOOD Address: 11332 ORCHARD ROAD KANSAS CITY MO

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Uremia
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH:

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

MEDICAL CERTIFICATION

19. WAS AUTOPSY PERFORMED? YES X NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Apr 1963 to ____ and last saw her him alive on Nov 1963
Death occurred at 1:55 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: H E Carlson (Degree or title): M.D.

22b. ADDRESS: 1316 Professional Bldg

22c. DATE SIGNED: 6 Nov 1963

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

23b. DATE: Nov. 11, 1963

23c. NAME OF CEMETERY OR ~~CREMATORY~~: MT. MORIAH CEMETERY

23d. LOCATION (City, town, or county) (State): KANSAS CITY MISSOURI

24. FUNERAL DIRECTOR: D.W. McCOMMICK'S SONS ADDRESS: 1331 BRUSH CREEK BLVD KANSAS CITY, MISSOURI

25. DATE RECD. BY LOCAL REG.: 11-8-63

26. REGISTRAR'S SIGNATURE: Bessie Smith

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by ____________________, Student Embalmer No.________

working under my personal supervision.

Student____________________ Signed Dean W. Huf
Signature of Student Embalmer

Licensed Embalmer No. 4914

P. O. Address Indep., Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.